



## Municipal Services Donation Request Form

### ○ Donor Information (Please print or type)

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### ○ Pledge Information

I (we) pledge a total of \$ \_\_\_\_\_ to be paid: ☐ now ☐ monthly ☐ quarterly ☐ yearly

I (we) plan to make this contribution in the form of: ☐ cash ☐ check ☐ credit card

*Credit card information to be called into the Municipal Services Dept. at 503-537-1240.*

### ○ Donor's Request – I (we) would like the above donation to be applied as follows:

☐ Customer Name: \_\_\_\_\_

Customer Address: \_\_\_\_\_

☐ Donation to go into the City Financial Assistance Fund. This fund assists customers that fall under the low income and hardship status.

### ○ Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

☐ I (we) wish to have our donation remain anonymous.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make checks to:

City of Newberg  
Attn: Municipal Services Dept.  
PO Box 970  
Newberg, OR 97132